Indian Health Service Health Facilities Construction Priority System

Indian Health Service

Public Health Service

Department of Health and Human Services

February 1991



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February 1991

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Indian Health Service

Health Facilities Construction Priority System

INTRODUCTION:

In the fall of 1988, the Indian Health Service (IHS) began applying its Health Facilities Construction Priority System (HFCPS) in order to add additional projects to its inpatient and outpatient health facilities construction priority lists. During the initial stages of the application, a number of IHS Areas expressed concern that the evaluation formula in the HFCPS did not address pertinent issues adequately. In response, the IHS canceled implementation of the Methodology and initiated further review and modifications. In the summer of 1990, Headquarters IHS released for review a draft of the revised Methodology with a new evaluation formula and asked each Area Office to share the revised version with the tribes within its jurisdiction. This document reflects the further revisions to the Methodology in response to the Area and tribal comments. Definitions applicable to the HFCPS process are in Appendix B. The overall prioritization process remains unchanged and is described briefly under "Background." Although the basic formula remains unchanged, it is now implemented through tables to make processing simpler, to normalize results, and to bound the scoring range.

BACKGROUND:

In Public Law 100-713, the Congress directed that IHS submit a list of the 10 highest priority inpatient and the 10 highest priority outpatient facilities construction projects annually. To maintain these lists the IHS adds new projects periodically using the HFCPS. Proposed projects, once placed on these priority lists, remain until they have been funded fully by Congressional appropriations.

The HFCPS was designed and implemented in the early 1980's, at Congressional direction, to assist the IHS in establishing priorities for health care needs which may be met through construction or leasing of new facilities, or replacement, expansion, or major renovation of existing facilities.

The HFCPS is a three-phase process that permits the IHS to review, evaluate, and rank proposals for health facilities construction (or lease) based on the need for more or upgraded space. The HFCPS considers proposals in two categories. The first category includes proposals for free-standing outpatient facilities. The second category includes proposals for inpatient facilities. Both the inpatient and the outpatient needs at each inpatient facility are considered in order to establish its priority ranking.

The HFCPS process begins when Headquarters solicits proposals from the IHS Area Offices. The data in these proposals are evaluated in progressively more rigorous reviews to determine which proposed construction project(s) should be added to the priority list.

All submitted proposals included in an Area Health Care Delivery Plan are evaluated during Phase I processing and review. The projects receiving the highest scores under the Phase I application are advanced to Phase II consideration.

During Phase II, projects are reevaluated with workload data projected 8 years into the future, using the IHS forecasting guidelines, and with data from a more detailed analysis of age and isolation/alternatives. The Areas with projects scoring highest under the Phase II application are invited to prepare Program Justification Documents (PJDs) for consideration under Phase III. Phases I and II do not attempt to specify program requirements or determine feasibility.

The most feasible means for satisfying health service delivery needs are determined in Phase III during development of the PJD. During Phase III, the appropriate IHS Area Offices prepare PJDs for projects still being considered. Before a project can be placed on a priority list, the PJD must be approved by the Assistant Secretary for Health (ASH). When

approved by the ASH, new projects are added to the priority list below projects already on the list. If it is determined that construction is not the most feasible solution, the project is not placed on a priority list, but alternative means of meeting the need are pursued.

ASSUMPTIONS USED IN DEVELOPING THE HFCPS:

In developing the HFCPS several assumptions were made to standardize all proposals and to reflect Departmental and Agency policy. These assumptions are described below.

- The age and/or condition of the existing space in a facility may significantly affect the quality and quantity of health care services provided at that facility. A facility's age affects the quality and quantity of services provided because as a building becomes older, it becomes less functional, i.e., less adaptable to changing technology and medical practices¹. A facility's condition affects services because buildings in poor condition may be unsafe, partially unusable, and/or costly to maintain. Thus the presence of an existing facility is not necessarily a better situation than the absence of a facility, especially if the condition of the space is such that adequate health care services cannot be provided in a safe environment.
- ☼ Persons requiring health care are currently receiving some kind of health care. However, they may not be accessing the system as fully as is necessary to meet their health care needs because it is inconvenient

¹ Required space is adjusted for the age based on the assumption that a building under twenty years old is functionally adequate and that the older it becomes the less functional it becomes.



(e.g., there are long waiting periods to receive care) at the most accessible facility.

- Small facilities (less than 4,400 Primary Care Provider visits annually or 5,500 inpatient days annually) may be uneconomical and inefficient to operate and will not be included on the proposed priority list. IHS policy promotes effective and efficient health care delivery systems. Phase I will consider all potential facilities. Some of these may be removed from immediate consideration because they do not meet minimum workload requirements. Exceptions to this assumption must be justified in writing and approved by the Director, IHS.²
- ☼ Once a proposal is placed on the Priority List, it will no longer need to be considered under the HFCPS unless it is returned to the respective Area Office for further consideration because of extenuating circumstances (e.g., an unexpected decrease in population or construction of another facility which could meet the need). A subsequent consideration may alter a proposal's original priority score.
- An Area Health Care Delivery Plan, including the Area Health Facilities Master Plan, should reflect long-range goals. Therefore, changes to the data submitted in HFCPS proposals during different applications will usually consist of changes to the statistical data to reflect the most current information. However, due to changes in demographics and other factors, it may be necessary to alter an entire Health Care Delivery Plan and the Area Health Facilities Master Plan. Thus, before each HFCPS application, each Area Office will be asked to verify data which might have changed, before submitting new proposals, and to make changes to reflect its planning changes.
- *Outpatient care, due to potential for preventive care impact, has the highest IHS priority; thus, for the purposes of evaluating existing IHS hospitals, the outpatient workload of these facilities is considered as a part of the total need of the hospital.

² The IHS has developed the Leasing Priority System to evaluate the needs of smaller locations.

- The HFCPS applies to both IHS and tribal facilities. Tribally-owned and operated facilities proposed for consideration under the HFCPS will be reviewed and evaluated in the same manner, using the same criteria, as IHS facilities, including site visits by IHS staff to evaluate facility condition. Tribes wishing to retain title and/or ownership of any proposed new or replacement facility which has been placed on the IHS Priority List are encouraged to look for non-IHS funding sources for construction. These facilities could potentially be leased to the IHS. Tribes also have an option of contracting to operate or all or some of the programs in IHS-owned or leased facilities under the Indian Self-Determination and Education Assistance Act (P.L. 93-638).
- *Health care space is the indicator used to evaluate the capability of each facility to handle present and future program requirements. Those facilities having the greatest need for additional space relative to their existing adjusted useable space should have the highest priority for replacement and/or renovation in the IHS.
- ★ Existing Federal policies, regulations, or laws which contain definitions, standards, workload determinants, or criteria relevant to health care facilities will be utilized where appropriate in the HFCPS.
- ☼ In the absence of definitions, standards, workload determinants, or criteria, the IHS Headquarters staff will develop the necessary information to be used in the Methodology. The Division of Facilities Planning and Construction (DFPC), the Division of Facilities Management (DFM), and Division of Program Statistics (DPS) are the focal points for these activities.
- All buildings listed as permanent on the Public Health Service Real Property Inventory are to be included when calculating existing space for HFCPS application purposes.
- ☆ A PJD justifying construction of a health facility as the most viable means of providing health care services is required before a proposal may be recommended for inclusion as a proposed project on the IHS Facilities Construction Priority List.

THE HFCPS RANKING FACTORS

There are three major factors that are multiplied together in order to determine the ranking of proposed projects under the HFCPS. These three factors have been bounded (i.e., they have had upper and lower limits placed on them) and normalized (i.e., they have been adjusted so each factor carries an appropriate weight in the evaluation formula). In addition, the factors have been implemented in tables for ease of use. See Appendix B for the outpatient Data and Computation Form, Appendix C for the inpatient Data and Computation Form, and Appendix D for tables to be used with both forms.

The three HFCPS ranking factors are:

The Relative Need Factor: Relative need is a function of the ratio of the required space to the (adjusted) existing space, if any. This factor is the most significant in the evaluation formula and has a value between 1 and 4.

The Absolute Need Factor: Absolute need is a function of the required space minus the (adjusted) existing space, if any. This factor has a value between 0 and 1.5 in the evaluation formula.

The Isolation/Alternatives Factor: The isolation of a location and/or the availability of alternative health care services is determined by the distance to these alternative resources. In the evaluation formula, this factor has a ratio of 1:1.6 for outpatient facilities and approximately 1:2 for inpatient facilities.

The same evaluation formula is used in both Phase I and Phase II evaluations for both inpatient and outpatient facilities. Phase I uses easily obtained and verified workload, age, and isolation/alternatives data so that all proposals can be reviewed and analyzed efficiently. Phase II uses data obtained from a more detailed analysis and uses workload data projected eight years into the future. A detailed description of the basis for the evaluation formula is given in Appendix E.



PROCEDURES FOR PLACING PROJECTS ON THE PRIORITY LIST

The Health Facilities Construction Priority Committee places new projects on and updates the priority lists based on the following:

- Projects which have an approved PJD by the deadline specified during a particular application of the HFCPS Methodology are added to the appropriate priority list below projects already on the list and in the order of the ranking obtained during Phase II;
- Projects that do not have approved PJDs by the specified deadline will not be placed on the Priority List but may be reconsidered in subsquent applications of the Methodology; and

Normally, the IHS recommends funding according to the ranking of projects on the priority lists, with the highest priority projects funded first. However, a project that is delayed and not prepared to utilize funding will not be permitted to hold up projects lower on a list that have not been delayed and can utilize the funding. Thus, the IHS may recommend funding for lower ranked projects before some higher ranked projects. As projects are funded fully for construction, they are removed from the list, and the positions of those lower on the list are advanced.

Appendices

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DEFINITIONS

Alternative Resources: For HFCPS purposes, alternative resources are other facilities where health care services can be provided for the service population. For inpatient facilities, adequate alternative services are considered available if the facilities within 90 minutes travel time (60 miles) can handle the IHS workload. For IHS outpatient facilities, adequate alternatives are considered to be available if level 1, 2, or 3 emergency services are within 30 minutes travel time (20 miles). Using the nearness of emergency services as an indicator of the availability of alternatives does not imply that an emergency room is an adequate alternative for the outpatient care, but it does assume that locations where at least a level 3 emergency service is available will have the services necessary to provide some care to IHS patients.

Average Daily Patient Load (ADPL): The ADPL for a hospital is the average number of inpatients per day (excluding newborn infants). The number used for the HFCPS is the ADPL that would occur if the proposed facility were in full operation, including those occurring at the existing facility, and those occurring at contract provider locations or other IHS facilities for patients from the proposed facilities service area.

Area Health Care Delivery Plan: The Area Health Care Delivery Plan is the comprehensive Area plan for providing health care services to eligible American Indians and Alaska Natives. It describes health care needs and required programs and services, and discusses how these are to be provided.

Budget Cost Estimating System: The IHS Budget Cost Estimating System is a uniform set of procedures for preparing facility construction budgets.



It classifies building costs into a number of components, including the Base Facility Cost, and provides a Location Index for adjusting costs based on the project's location.

Existing Space: For HFCPS purposes, existing space is a facility's gross square footage listed as permanent space in the Public Health Service Real Property Inventory. In the HFPC formula the existing space is adjusted to reflect the assumption that age and condition of a facility may affect the useable space.

Facilities Engineering Deficiencies System (FEDS): The FEDS is a computerized database of identified deficiencies at IHS and participating tribal facilities.

Inpatient Days (IPD): The IPD is the sum of days all patients stayed at the specified hospital during one year. The number used for the HFCPS is the number of IPD that would occur if the proposed facility were in full operation, including those occurring at the existing facility, and those occurring at contract provider locations or other IHS facilities for patients from the proposed facilities service area.

IPD Rate: The IPD rate is the IPD divided by the user population.

Location Index: The Location Index of the IHS Budget Cost Estimating System is a factor used to adjust the cost of construction according to the variation in costs at different locations (See definition of Budget Cost Estimating System).

Primary Care Provider Visit (PCPV): A PCPV is a medical encounter with an ambulatory health care provider in one of the following categories: Medical Doctor, Physician's Assistant, Nurse Practitioner, or Podiatrist. The number used for the HFCPS is the number of PCPVs that would occur if the proposed facility were in full operation, including those occurring at the existing facility, and those occurring at contract provider locations or other IHS facilities for patients from the proposed facilities service area.



Primary Care Provider Visit Rate (PCPV Rate): The PCPV Rate is the number of annual PCPVs divided by the user population.

Program Justification Document (PJD): A PJD is a report describing a proposed health care program and providing information and arguments supporting implementation of that program. A PJD provides analyses to show whether or not construction is the most feasible option for meeting the need for providing health care services.

Required Space: The required space, for the purposes of Phase I and Phase II HFCPS computations, is equal to the sum of the required outpatient space and the required inpatient space. The HFCPS required space for free standing outpatient clinics is calculated 2.5 square feet per PCPV. The required space for outpatient clinics attached to inpatient facilities is 1.6 square foot per PCPV. The HFCPS required space for inpatient care is calculated at 5 square feet per the annual IPD.

The required space generated by the HFCPS formula is used for relative comparison only and has no bearing on the space that is ultimately planned for the facility. During Phase III, the IHS Health Facilities Planning Manual and the PJD are used to determine the actual required space.

Service Area: The service area is the general geographic area over which a facility administers health care and related services.

User Population: The user population consists of American Indians and Alaska Natives, within the administrative jurisdiction of a specific facility, who have used IHS services at least once during the last 3-year period.

Appendices

Instructions for Completing The Indian Health Service Health Facilities Construction Priority System Data and Computation Sheet For Proposed Outpatient Facilities

Phase I

The Health Facilities Construction Priority System (HFCPS) Data and Computation Form (Page B - 5) is designed to aid IHS Areas in preparing proposals for consideration under the HFCPS. The form permits each Area to collect and analyze the data in its proposals and may be used, with the three attached tables, to score each Phase I proposal. It and the tables are based on the HFCPS formula; however, in creating the tables, the three major factors in the formula have been bounded (i.e., they have had upper and lower limits placed on them) and normalized (i.e., they have been adjusted so each carries an appropriate weight). The form is fairly self explanatory; however, the following instructions are provided to clarify what had to be abbreviated to fit on the form.

- A. The total Primary Care Provider Visits (PCPV) that would occur at the proposed facility is the sum of the PCPV provided currently plus the PCPV provided at contract and other IHS facilities that would be provided at the proposed facility in accordance with the approved Area Health Care Delivery Plan.
- B. The Required Space at a stand-alone outpatient facility is equal to the annual PCPV [A] times 2.5.

- C. The age of IHS facilities is the age of the facility's oldest permanent building as listed on the Public Health Service Real Property Inventory. The age of tribal facilities is the age of the oldest permanent building. Documentation of age must accompany proposals for tribal facilities. If there is no existing facility, enter 0.
- D. Existing space for IHS facilities is the total space of all <u>permanent</u> buildings as listed on the Public Health Service Real Property Inventory. Existing space for tribal facilities is the total gross square footage of the facility's permanent space. To-scale as-built drawings must accompany proposals to consider tribal facilities. If there is no existing facility, enter 0.
- E. Multiply the Base Facility value times the Location Index value to obtain the cost per square foot to replace the existing facility. The Base Facility Cost and the Location Index are found in the IHS Budget Cost Estimating System Instruction Manual. The Base Facility Cost is found in Table 1 for the appropriate Area. The Location Index is found in Table 3 for the appropriate Area. If the location has no listing on Table 3, use the listing for the nearest Service Unit.
- F. For existing facilities, enter and sum the costs to correct the Facilities Engineering Deficiencies Survey (FEDS) deficiencies for the codes listed under item F. If no facility exists or for facilities for which no FEDS survey has been completed, enter 0.
- G. For existing facilities, the Cost Per Square Foot to Repair is the total Cost to Repair [F] divided by Existing Space [D]. If no facility exists enter 0.
- H. For existing facilities, the Condition Factor to be used on Table A is determined by dividing the Cost per Square Foot to Repair [G] by the Cost per Square Foot to Replace [E]. If no facility exists enter 0.
- I. Determine the Adjusted Existing Space by multiplying the Age and Condition Factor (obtained from Table A) times the

Existing Space [D] and subtracting that value from the Existing Space [D].

- J. Obtain the Urgency of Need Factor for proposed outpatient facilities from Table B.
- K. For proposed stand-alone outpatient facilities, enter the road miles to the nearest level 1, 2, or 3 emergency room. Use the most recent edition of the Rand McNally Road Atlas, if available. Otherwise use a state road map and send an original copy of the map with the application.
- L. Consult Table C to get the Alternative/Isolation factor. For outpatient facilities use the road miles to the nearest Level 1, 2, or 3 emergency room [K] as the input value to Table C.
- M. To determine the Priority Score multiply the Urgency of Need Factor [J] times the Isolation/Alternative Factor [L].

15 Health Facilities Construction Prior System Data and Computation Form For Proposed Outpatient Facilities



· · · · · · · · · · · · · · · · · · ·	Phase I	
Location:	Date Submitted:	
Area Office:	Service Unit:	-
Contact Person:	Telephone:	

Optional Narrative:

	Outpatient IHS HPC	PS Data and Computation Form, ase I	
Loca	tion:	Date:	
Requ	ired Space		
	Primary Care Provider visits provided to registered	users from the proposed facility service area:	
A.	Proposed Facility At Contract Facility	ties At other IHS facilities =	
	+	+ =	
•	Required Space for Proposed Stand-alone Outpatien	t Facilities (For use on Table B.)	
В.	PCPV [A] X	2.5	
	х	2.5	
Age	and Condition Space Factor		
C.	Facility Age (Use the Oldest portion of the facility	listed on PHS Real Property Inventory)	
D.	Existing Space (Permanent space listed on the PHS	Real Property Inventory)	
E.	(See The IHS Budget Cost Cost to Replace	e X Location Index	
	Estimating System Ver 3.0.)	. х	
	Cost to Repair		
	FEDS Deficiency Cost	PEDS Deficiency Cost	
	FEDS Code 2	PEDS Code 11	
F.	FEDS Code 3	FEDS Code 12	
•	FEDS Code 4	PEDS Code 13	
	FEDS Code 7	FEDS Code 14	
	FEDS Code 8	PEDS Code 15	
	Total FEDS Costs (Sum of FEDS 2,3,4,7,8,11,12,13	3,14 and 15).	
	Cost per Square Poot to Repair		
G.	Total FEDS Cost (F)	Divided By Existing Space (D)	
	Condition Factor (For use on Table A.)		
H.	Cost per Square Poot to Repair [G]	Divided By Cost per Square Foot to Replace (E)	
		1	
Urge	acy of Need		
	Adjusted Existing Space (for use on Table B).		
L	Existing Space - (Age and Co	ondition Factor (From Table A) X Existing Space [D])	
		(x	
J.	Urgency of Need Factor (from Table B).		
Isola	tion and Alternatives		
K.	Road miles to the nearest Level I, II, or III Emerge	ncy Room (for use on Table C).	
L.	Isolation/Alternatives Factor for proposed Outpatier		
Prior	rity Score		
	100 X Urgency of N	leed Factor [J] X Isolation/Alternative Factor [L]	
	100 X	x	

Instructions for Completing The Indian Health Service Health Facilities Construction Priority System Data and Computation Sheet For Proposed Inpatient Facilities

Phase I

The Health Facilities Construction Priority System (HFCPS) Data and Computation Form (Page C - 6) is designed to aid IHS Areas in preparing proposals for consideration under the HFCPS. The form permits each Area to collect and analyze the data in its proposals and may be used, with the three attached tables, to score each Phase I proposal. It and the tables are based on the HFCPS formula; however, in creating the tables, the three major factors in the formula have been bounded (i.e., they have had upper and lower limits placed on them) and normalized (i.e., they have been adjusted so each carries an appropriate weight). The form is fairly self explanatory; however, the following instructions are provided to clarify what had to be abbreviated to fit on the form.

- A. The total Inpatient Days (IPD) that would occur at the proposed facility is the sum of the IPD provided currently plus the IPD provided at contract and other IHS facilities in accordance with the approved Area Health Care Delivery Plan.
- B. The total Primary Care Provider Visits (PCPV) that would occur at the proposed facility is the sum of the PCPV provided currently plus the PCPV provided at contract and other IHS facilities that would be provided at the proposed facility in accordance with the approved Area Health Care Delivery Plan.

- C. The Required Space for proposed inpatient facilities is the annual IPD [A]times 5 plus the annual PCPV [B] times 1.6.
- D. The age of IHS facilities is the age of the facility's oldest permanent building as listed on the Public Health Service Real Property Inventory. The age of tribal facilities is the age of the oldest permanent building. Documentation of age must accompany proposals for tribal facilities. If there is no existing facility, enter 0.
- E. Existing space for IHS facilities is the total space of all <u>permanent</u> buildings as listed on the Public Health Service Real Property Inventory. Existing space for tribal facilities is the total gross square footage of the facility's permanent space. To-scale as-built drawings should accompany proposals to consider tribal facilities. If there is no existing facility, enter 0.
- F. Multiply the Base Facility value times the Location Index value to obtain the cost per square foot to replace the existing facility. The Base Facility Cost and the Location Index are found in the IHS Budget Cost Estimating System Manual. The Base Facility Cost is found in Table 1 for the appropriate Area. The Location Index is found in Table 3 for the appropriate Area. If the location has no listing in Table 3, use the listing for the nearest Service Unit.
- G. For existing facilities, enter and sum the costs to correct the Facilities Engineering Deficiencies Survey (FEDS) deficiencies for the codes listed under item G. If no facility exists or for facilities for which no FEDS survey has been completed, enter 0.
- H. For existing facilities, the Cost per Square Foot to Repair is the total Cost to Repair [G] divided by Existing Space [E]. If no facility exists enter 0.
- I. For existing facilities, the Condition Factor to be used on Table A is determined by dividing the Cost per Square Foot to Repair [H] by the Cost per Square Foot to Replace [F]. If no facility exists enter 0.

- J. Determine the Adjusted Existing Space by multiplying the Age and Condition Factor (obtained from Table A) times the Existing Space [E] and subtracting that value from the Existing Space [E].
- K. Obtain the Urgency of Need Factor for proposed inpatient facilities from Table B.
- L. Determine the number of beds required to handle the IHS workload by dividing the Total IHS IPD for the proposed facility by 365.
- M. The Table under Item M is designed to assist in determining the distance that an IHS patient might need to travel to find an alternative facility with enough beds available to provide services. To use this table begin by listing the nearest facility that could potentially provide inpatient services to IHS patients.
 - Enter the Alternative Facility name in Column 1,
 - 2. Enter number of beds at this facility in Column 2,
 - 3. If the number of beds is greater than 100, enter .85 in column 3; otherwise enter .75 in column 3,
 - 4. Multiply the value in column 3 times the value in column 2 to get the facility optimal occupancy; round that number to the nearest whole number and enter in column 4,
 - 5. Enter the facility ADPL in column 5,
 - 6. Subtract column 5 from column 4 and enter it in column 6; this is the beds at the alternate facility that are available to IHS patients; if column 5 is greater than column 4, enter 0,
 - 7. Add the amount in column 6 to the running total in column 7,



- 8. Enter the road miles to the alternative facility in column 8. Use the most recent edition of the Rand McNally Road Atlas, if available. Otherwise use a state road map and send an original copy of the map with the application.
- 9. If the Running Total in column 7 is less than the Beds Required to Handle the IHS Workload [L], repeat steps 1 through 8 above. If the Running Total Beds available is at least equal to the Beds Required to Handle the IHS Workload [L], do not list any more facilities.
- N. For Phase I, enter the road miles to the most distant alternative facility.
- O. Consult Table C to get the Alternative/Isolation factor. For inpatient facilities, use the road miles to the most distant inpatient facilities [N] as the input value to table C.
- P. To determine the Priority Score multiply the Urgency of Need Factor [K] times the Isolation/Alternative Factor [O].

II Health Facilities Construction Prior

Data and Computation Form

System

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	Phase I	
Location:	Date Submitted:	
Area Office:	Service Unit:	
Contact Person:	Telephone:	

Optional Narrative:

	Inpatient IHS HP	CPS Data and Computation Form, I I	J. 18. 3
Locat	ion:	Date:	
Requi	red Space		
	Inpatient days (IPD) provided to registered users	s from the proposed facility service area:	
A.	At Proposed Facility	At Contract Facilities At other IHS	
		+ +	
	Total IPD for the p	proposed facility	
	Primary Care Provider visits provided to register	red users from the proposed facility service area:	
В.	At Proposed Facility	At Contract Facilities At IHS facilities	
	Total DCDV for the	Proposed Californ	
	Total PCPV for the Required Space for Proposed Inpatient Facilities		-
C.	(IPD [A] X	5) + (PCPV [B] X 1.6)	
Ų.	(X	5) + (FCFV [B] X 1.6)	
Age	and Condition Space Factor		
D.	Facility Age (Use the Oldest portion of the facil	lity listed on PHS Real Property Inventory)	
E.	Existing Space (Permanent space listed on the P		
F.	(See The IHS Budget Cost to Replace Cost Estimating System		
	Ver 3.0)	<u>x</u>	
	Cost to Repair		
	FEDS Deficiency Cost	FEDS Deficiency Cost	
	FEDS Code 2	FEDS Code 11	
G.	FEDS Code 3	FEDS Code 12	
	FEDS Code 4	FEDS Code 13	
	FEDS Code 7	FEDS Code 14	
	FEDS Code 8	FEDS Code 15	
	Total FEDS Costs (Sum of FEDS 2,3,4,7,8,11,1	2,13,14 and 15).	
	Cost per Square Foot to Repair		
H.	Total FEDS Cost (G)	Divided By Total Existing Space (B)	:
	Condition Factor (For use on Table A)		
I.	Cost per Square Foot to Repair [H]	Divided By Cost per Square Foot to Replace (F)	
		/	
Urge	ncy of Need		
	Adjusted Existing Space (For use on Table B).		
J.	Existing Space	(Age and Condition Factor X Existing Space [E])	
1		,	

K.	Urgency of Nece	d Factor m	Table B).							
Isolat	ion and Alternative	<u>es</u>								
	INPATIENT FA	CILITIES								
			Beds Require	d to Har	idle the IH	IS Workload				
L.			Total IPD (A]		1	365			
						1	365			
	Beds Available List on the table receive care. The one listed first. cumulative total	below the inp he facilities mu List only enou	atient facilities of the state	rder of t provide a	heir distan sufficient b	ce from the p	proposed facili	ty with the r		
	Col. I Alternate Facilities Name	Col. 2 Total Beds at the Facility	Col. 3 Times % Bods Avail. ¹	Col. 4 Plan. Cap.	•	Col. 5 Facility ADPL	Col. 6 Bods Available to IHS	Col 7. Running Total Bods Avail.	Col. 8 Miles to Proposed Facility	
M.			x		•					
			x		-					
			х		•					
			x		-					
			x		•					
	Total	<u> </u>								
N.	Road miles to ti	ne most distant	of the inpatient	facilitie	s listed in	Item M.				
Ο.	Isolation/Alterna	atives Pactor fo	or proposed Inpa	ntient Fac	ilities. (S	ice Table C.)				
Prio	rity Score									
	100 X	Urgency o	f Need Facto	or [K]	х	Isolati	ion/Alternat	ive Factor	· [O]	
	100 X				x					

For facilities with fewer than 100 beds use 75 percent. For Beds with 100 beds or more use 85 percent.

Table A Age and Condition Factor Table

				ľ			•				
	Cond'	ď	Age of Facility								
	Factor	ห	39		4	45	20	55	8		Or More
10 10	8:1	1.00	1.05	1.15	1.29	1.43	1.57	1.71	1.85	2.00	
	0.95	0.95	1.00	1.10	1.24	1.38	1.52	1.66	1.80	1.95	
	06.0	0.90	0.95	1.05	1.19	133	1.47	1.61	1.75	1.90	
	0.85	0.85	0.90	1.00	1.14	1.28	1.42	1.56	1.70	1.85	
	0.80	0.80	0.85	0.95	1.09	123	1.37	1.51	1.65	1.80	
	0.75	0.75	0.80	0.00	1.04	1.18	1.32	1.46	1.60	1.75	
	0.70	0.70	0.75	0.85	0.99	1.13	1.27	1.41	1.55	1.70	
	0.65	0.65	0.70	0.80	0.94	1.08	1.22	1.36	1.50	1.65	
	0.60	0.60	0.65	0.75	0.89	1.03	1.17	1.31	1.45	1.60	
	0.55	0.55	09:0	0.70	0.84	0.98	1.12	1.26	1.40	1.55	
	0.50	0.50	0.55	0.65	0.79	0.93	1.07	121	1.35	1.50	
	0.45	0.45	0.50	09.0	0.74	0.88	1.02	1.16	1.30	1.45	
	0.40	0.40	0.45	0.55	69.0	0.83	0.97	1.11	1.25	1.40	
	0.35	0.35	0.40	0.50	0.64	0.78	0.92	1.06	1.20	1.35	
	030	030	0.35	0.45	0.59	0.73	0.87	1.01	1.15	1.30	
	0.25	0.25	0.30	0.40	0.54	89.0	0.82	96.0	1.10	1.25	
	0.20	0.20	0.25	0.35	0.49	0.63	0.77	0.91	1.05	1.20	
	0.15	0.15	0.20	0.30	0. 44.	0.58	0.72	0.86	1.00	1.15	
	0.10	0.10	0.15	0.25	0.39	0.53	29.0	0.81	0.95	1.10	
	0.05	0.05	0.10	0.20	0.34	0.48	0.62	92.0	0.90	1.05	
# Of >	00.00	0.00	0.05	0.15	0.29	0.43	0.57	0.71	0.85	1.00	

NOTE: Parenthesis indicate negative value

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0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
0.00 0.00		0.00 0.00

Adjusted Existing Space	15,000 12,500 10,000 7,500 5	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 1,40	0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 1.33 1.51	0,00 0,00 0,00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 1.25 1.38 1.53 1.68	0.00 0.00 0.00 0.00 0.00 0.00 1.22 1.34 1.47 1.60 1.75	0,00 0,00 0,00 0,00 0,00 1,20 1,31 1,42 1,54 1,67 1,82	0,00 0,00 0,00 0,00 1,18 1,28 1,39 1,50 1,61 1,74 1,87	0.00	0.00 0.00 1.15 1.24 1.33 1.43 1.52 1.62 1.73 1.85 1.97	0.00 1.14 1.23 1.31 1.40 1.49 1.58 1.68 1.78 1.89 2.02	1.13 1.22 1.30 1.38 1.46 1.54 1.63 1.73 1.83 1.94 2.06	1.20 1.28 1.36 1.43 1.51 1.60 1.68 1.78 1.88 1.98 2.10	1.27 1.34 1.41 1.49 1.57 1.65 1.73 1.82 1.92 2.02 2.13		1.43 1.49 1.56 1.63 1.70 1.78 1.86 1.94 2.03 2.12 2.23	1.52 1.58 1.64 1.71 1.78 1.85 1.93 2.01 2.09 2.18 2.28	1.60 1.66 1.72 1.78 1.85 1.92 1.99 2.07 2.15 2.24 2.33	1.67 1.73 1.79 1.85 1.91 1.98 2.05 2.13 2.20 2.29 2.37	1.74 1.79 1.85 1.91 1.97 2.04 2.11 2.18 2.25 2.33 2.41	1,80 1,85 1,91 1,97 2,03 2,09 2,16 2,22 2,30 2,37 2,45	1.86 1.91 1.96 2.02 2.08 2.14 2.20 2.27 2.34 2.41 2.48	1.91 1.96 2.01 2.07 2.12 2.18 2.24 2.31 2.37 2.44 2.52	1.96 2.01 2.06 2.11 2.17 2.22 2.28 2.34 2.41 2.48 2.55	<u>7.00 2.05 2.10 2.15 2.21 2.26 2.32 2.38 2.44 2.51 2.57</u>	2.09 2.13 2.18 2.23 2.28 2.33 2.39 2.44 2.50 2.56 2.63	2.16 2.21 2.25 2.30 2.35 2.40 2.45 2.50 2.56 2.61 2.67	2.23 2.27 2.32 2.36 2.41 2.45 2.50 2.55 2.60 2.66 2.71	2.29 2.33 2.37 2.42 2.46 2.50 2.55 2.60 2.65 2.70 2.75	2.35 2.39 2.43 2.47 2.51 2.55 2.60 2.64 2.69 2.74 2.79	2.45 2.48 2.52 2.56 2.59 2.63 2.6/ 2./2 2./0 2.30	2.53 2.56 2.60 2.63 2.67 2.71 2.74 2.78 2.82 2.86 2.90	2.60 2.64 2.67 2.70 2.73 2.77 2.80 2.84 2.88 2.91 2.95	2.67 2.70 2.73 2.76 2.79 2.82 2.86 2.89 2.92 2.96 3.00	<u>2.73 2.76 2.79 2.81 2.84 2.87 2.90 2.94 2.97 3.00 3.03</u>	2.78 2.81 2.84 2.86 2.89 2.92 2.95 2.98 3.01 3.04 3.07	307 3.10	Z.O. Z.O. Z.O. Z.O. Z.O. Z.O. Z.O. Z.O.
	47 500 45 000 42 500 40 000	000 000	000	0.00				000				8 6	000 000	0.00	0.00	0.00 0.00 0.00	0.00	0.00 0.00	1.10 1.17	1.16 1.22 1.28 1.34	1.32	1.45	78 1 87	99	1.61		1.73	1.78	1.87	2.00	2.03 2.07	2.10 2.14	2.16 2.20		2.37 2.40	2.45 2.48	2.56	2.59 2.62	2.65 2.68	27.	
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Berr's		Space	10,000	90571	13,000	00,4	20,000	MC77	25,000	27,500	30,00	32,500	20,000	907/5	00,04	25,000	47.500	DOM US	900,55	900,45	90,00	000,00	200,0	000.0	000,00	90,50	90,00	WW WI	110,000	120,000	130,000	140.000	150.000	170,000	190.000	210,000	220,000	000°00	200,007	200,077	

(000'06) (00				22 6.04							6.04																													
(80,000)	5	5.5	5.5	5.5	5.5	5.5	5.5	5.5	5.5	5.5	5.92	5.5	5.5	5.5	3.0	5.5	5.5	5.5	5.5	5.5	5.9	5.5	5.5	5.5	5.5	5.9	55	5.5	5.5	5.5	5.5	5.5	5.5	5.4	.S.	4.9	4.	4.	4.	
(70,000)	6.14	6.14	6.14	6.14	6.14	6.14	6.14	6.14	6.14	6.14	6.14	6.14	6.14	6.14	6.14	6.14	6.14	6.14	6.14	6.14	6.14	6.14	6.14	6.14	6.14	6.14	6.14	6.14	6.14	6.14	6.14	5.79	5.30	8.9	4.7	4.61	4.49	4.39	4.32	
(60,000)	20.9	6.02	6.02	6.02	6.02	6.02	20.0	6.02	8.02	6.02	6.02	9.07	6.02	8.02	6.02	6.02	20.0	6.02	6.02	6.02	6.02	20.9	6.02	6.02	6.02	8.02	9.02	6.02	8.02	5.63	5.34	5.12	4.80	4.58	4.43	4.32	424	4.17	4.12	
(50,000)	5.89	5.89	5.89	5.89	5.89	5.89	5.89	5.89	5.89	5.89	5.89	5.89	5.89	5.89	5.89	5.89	5.89	5.89	5.89	5.89	5.89	5.89	5.89	5.89	5.89	5.89	5.89	5.4 4	5.13	4. 8.	4.72	4.58	4.37	43	4.13	4.06	4.01	3.97	3.93	
(45.000)	3.81	5.81	5.81	5.81	5.81	5.81	5.81	5.81	5.81	5.81	5.81	5.81	5.81	5.81	5.81	5.81	5.81	5.81	5.81	5.81	5.81	5.81	5.81	5.81	5.81	5.56	5.33	2 .00	4.71	4.59	4.45	4.35	4.19	4.08 80.	4.00	3. 8	3.98	3.87	3.84	
(40,000)	5.72	5.72	5.72	5.72	5.72	5.72	5.72	5.72	5.72	5.72	5.72	5.72	5.72	5.72	5.72	5.73	27.72	5.72	5.72	5.72	5.72	5.72	5.72	5.43	521	203	4.86	4.63	4.45	4.32	422	4.13	4.01	3.93	3.88	3.83	3.80	3.78	3.76	
(35,000)	5.62	5.62	5.62	5.62	5.62	5.62	5.62	5.62	5.62	5.62	5.62	5.62	5.62	5.62	5.62	2.62	2.62	5.62	5.62	5.62	5.62	5.31	3.06	4.87	4.71	4.58	4.47	4.30	4.17	4.08 8.	4.00	3.K	3.85	3.80	3.75	3.73	3.71	3.69	3.68	
(30,000)	5.51	5.51	5.51	5.51	5.51	5.51	5.51	5.51	5.51	5.51	5.51	5.51	5.51	5.51	5.51	5.51	531	5.51	5.51	5.16	4.89	4.69	4.53	4.40	4.29	420	4.13	4.01	3.93	3.86	3.81	3.77	3.71	3.67	3.6	3.62	3.61	3.61	3.60	
(25.000)	1	5.38	5.38	5.38	5.38	5.38	5.38	5.38	5.38	5.38	5.38	5.38	5.38	5.38	5.38	5.38	5.38	4. %	4.69	4.48	4.32	4.19	4.09	4.01	8. 8.	3.88	3.84	3.76	3.70	3.66	3.63	3.60	3.57	3.54	3.53	3.53	3.52	3.52	3.53	
(20,000)	1	23	522	22	22	22	5.22	27	522	23	5.22	522	\$	4.96	4.75	4.59	4.44	423	70.4	3.95	3.86	3.79	3.73	3.68	3.6	3.60	3.58	3.53	3.50	3.48	3.46	3.45	3.4	3.43	3.43	3.43	3.44	3.45	3.46	
(15.000)	202	502	502	5.02	5.02	5.02	5.02	5.02	20.5	8	4.4	427	4 .13	10.4	3.32	28.	FE	19.6	55	13.53	/3.48	3.45	3.42	3.40	3.37	3.36	3.33	333	3.32	3.32	331	15.	33	3.32	3.33	3.35	3.36	3.37	3 30	•
6	1	47.4	4.74	4.74	4.74	A	4.04	3.84	3.70	9.8	3.51	3.45	3.40	335	3.32	67	123	33	320	3.18	3.17	10	8.15	3.15	3.15	9.14	18.14	15	316	3.16	3.17	3.18	320	32	3.24	326	3.28	330	33	
(7.500)		4	454	8	3.74	3.55	3.42	333	326	32	3.17	3.14	3.11	300	308	3.06	305	8	38	303	3.03	3.03	303	3.03	90.	8	3.05	306	3.08	300	3.10	3.12	3.14	3.17	3.20	33	3.24	326	700	
(5,000) (7,500) (10.	- 1	1	338	3.18	8	3.01	8	28	6	2 %	2.88	2.87	2.87	2.87	2.86	2	787	287	28	2.89	2.9	2.9	292	2.93	8	2.95	2.98	2,98	8	3.02	9.6	3.06	3.09	3.12	3.15	3.18	3.21	3.23	3,5	
(0.500)	-1		3.5	8	9	2.59	120	200) G	200	2.63	787	7 66	2.67	2.68	2.69	2.70	2	2.74	2.76	2,78	CX.	282	2.83	2.85	2.86	2.88	2.91	2.93	5.96	2.98	3.00	8	8	3.11	3.14		3.20	3 5	•
c		3 5	2 6	010	233	227		7.7	2 2 2	9	7	745	2.47	2.40	2.51	2.53	1	8	190	7	2.67	15	2.71	27.4	2.76	2,78	2 80	2.83	2.86	2.89	2,3	708	8	3	3 6	3.10	71.7	3.14	2 5	
2 500	2007	3 5	5 6	2 6	3	2.01	40.6	3 :	2 14	2.70	2.24	100	230	233	2.36	30		4, 6	40	£ 6	2.56	2	9 6	26.	2.67	2.70	24.6	2.76	2.80	2.83	2.86	2 80	8	8 2	3 6	3.07		2.5	7.0	
	1000	000,01	3 5	12,000	200	2,50		3 6	3 6	30,000	3,000	1012	8000	42,500	45,000	47.500			8	90,50	9 6	Mar St		200,50	900	86,8	000,00	110,000	120,000	130,000	140,000	150.00	20,00	8 6	3,5	230,000	10000		33,57	
t de la constant de l	Space																																							

Alterna	Table C tive and Iso	lation
Road Miles to Other Facility	Outpatient Factor	Inpatient Factor
00 - 10	1.00	.60
11 - 15	1.00	.60
16 - 20	1.00	.60
21 - 25	1.05	.60
26 - 30	1.10	.60
31 - 35	1.15	.60
36 - 40	1.20	.60
41 - 45	1.25	.70
46 - 50	1.30	.80
51 - 55	1.35	.90
56 - 60	1.35	1.00
61 - 65	1.40	1.00
66 - 70	1.40	1.05
71 - 75	1.45	1.05
76 - 80	1.50	1.10
81 - 85	1.50	1.10
86 - 99	1.60	1.15

APPENDIX E

THE HFCPS RANKING FACTORS

There are three major factors that are evaluated to determine the ranking of proposed projects under the HFCPS:

- ☆ The Relative Need factor,
- ☆ The Absolute Need factor, and
- **☼** The Isolation/Alternatives factor.

These three factors are multiplied together to obtain a priority score. The factors been bounded (i.e., they have had upper and lower limits placed on them) and normalized (i.e., they have been adjusted so each carries an appropriate weight in the evaluation formula). In addition, the factors have been implemented in tables for ease of use. Because of the bounding and normalizing effects, the values in the tables will not be the same as those obtained from directly calculating the equations.

Priority Score	Relative Need Factor	X	Absolute Need Factor	X	Isolation/Alternatives Factor
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The same overall evaluation formula is used in both Phase I and Phase II for both inpatient and outpatient facilities. However, Phase I uses easily obtained and verified workload, age, and isolation/alternatives data so that all proposals can be reviewed and analyzed efficiently. Phase II uses data obtained from a more detailed analysis.

Specifically, Phase I uses current workload data while Phase II uses workload data projected eight years into the future using the IHS Facility Planning Forecasting Guidelines developed by the Indian Health Service Division of Program Statistics. Phase I uses the age of the oldest part of the facility; Phase II uses a weighted average of individual parts of the facility. Phase I uses the mileage to one inpatient alternative; Phase II

uses a weighted average of the distances to alternative inpatient facilities. During Phase I, the raw data is rounded to the nearest input values in the tables; in Phase II, the table results are linearly interpolated between the given values in the table.

Background of the Evaluation Formula Factors:

<u>The Relative Need Factor</u>: This factor is a function of the ratio of the required space to the adjusted existing space, if any. This factor is the most significant in the evaluation formula and will have a value between 1 and 4.

If there is no existing space, the relative need factor is 2. Sites that are very old and/or in poor condition can have a negative existing space which would raise the relative need factor value above 2. The maximum value is set at 4. If the adjusted existing space is greater than the required space, as determined by the calculations, the relative need factor is set to 1.

The Relative Need Factor is calculated by dividing twice the Required Space by the Required Space plus Adjusted Existing Space:

Definitions of the components of each of the factors are found beginning on page E - 4.

<u>The Absolute Need Factor</u>: This factor is a function of the required space minus the (adjusted) existing space, if any. This factor will have a value between 0 and 1.5 in the evaluation formula. If the Adjusted Existing Space is greater than the Required Space, as calculated in the formula, the Absolute Need Factor is set to 0.

The Absolute Need Factor is calculated as the logarithm of the number that results from subtracting the Adjusted Existing Space from the

January 3, 1991

Required Space:

ISOLATION AND ALTERNATIVES FACTOR

<u>The Isolation/Alternatives Factor</u>: This factor is a function of the distance to alternative facilities for care. In the evaluation formula, this factor is 1:1.6 for outpatient facilities and approximately 1:2 for inpatient facilities.

Inpatient Facilities

For inpatient facilities, the Isolation/Alternatives Factor is a function of the distance to the nearest JCAHO accredited or HCFA certified hospitals that could accommodate all of the anticipated IHS workload. The capability of a facility to handle the IHS workload is determined by applying the following formula:

Facility = (Number of Beds Capability = in Alternate Facility	$\begin{array}{ll} \text{lity} &= & \text{in Alternate} & \chi & \text{Planning Capacity} & -\frac{\text{ADPL}}{\text{Alternate}} & & \\ & & & & \end{array}$				
Use the table to the right to	Number of Beds	Planning Capacity			
get the Planning Capacity.	100 or less	75 percent			
	101 or more	85 percent			

Using the Facility Capability Formula above, the capability of the nearest alternative facility is determined. If that facility's capability is less than the ADPL of the proposed IHS facility, then the capability of the next nearest facility is determined and added to the previous number of beds. If the sum of the two nearest facilities does not equal or exceed the IHS ADPL, the capability of the next nearest facilities are calculated and added to the sum until the total capability of alternative facilities at least equals the IHS ADPL.



The Road Mileage to the last facility included in the facility capability formula (above) is the distance to Other Facilities (see Table C) used in Phase I to determine the Isolation and Availability of Alternatives Factor. In Phase II a weighted average of the distance to all facilities is used. For example, if 70% of the IHS ADPL could be handled by a facility located 20 miles away and the remaining 30% could be handled by the next nearest facility, which is 50 miles away, the weighted average would be calculated by 70% x 20 plus 30% x 50 miles, which is 14 plus 15, or 29. Therefore the weighted average distance would be 29 miles.

For inpatient facilities in locations where the only access to alternative facilities is by air (i.e., where there are no roads), 1.15 is used as the Isolation and Availability of Alternatives Factor.

Outpatient Facilities

For stand-alone outpatient facilities, the Isolation/Alternatives Factor accounts for isolation only and is a function of the road distance to a level 1, 2 or 3 emergency room. (See Table C) Using emergency rooms in this formula does not mean that emergency room services correspond to the type of outpatient care the IHS provides. However, the availability of an emergency room is used as an indication of a proposed outpatient facility's isolation. Outpatient facilities in locations where the only access to any emergency room is by air (i.e., where there are no roads) use 1.5 as the Isolation and Availability of Alternatives Factor.

Definitions of Factor Components:

Required Space for free standing outpatient facilities is 2.5 times the annual number of primary care provider visits (PCPVs) that would occur at that facility if it were in full operation. The number of PCPVs is the number recorded at the proposed facility plus the number of contract visits by users in the service area of the proposed facility plus the number of visits to other IHS facilities that would be served by the proposed facility. If this total is less than 3.5 per user in the service area of the proposed facility, the number of PCPVs used in the formula is 3.5; if the number is greater than 6.0 per user, then 6.0 is used in the formula.

Total PCPVs = PCPV at Proposed + PCPV Provided + PCPV at Other through Contract + PCPV at Other IHS Facilities

The Required Space for inpatient facilities is 1.6 times the annual PCPV plus 5 times the number of annual inpatient days (IPD) that would occur at the facility if it were in full operation. The total Inpatient Days (IPD) that would occur at the proposed



facility is the sum of the IPD provided currently plus the IPD provided at contract and other IHS facilities in accordance with the Approved Area Health Care Delivery Plan.

Required Space (Free Standing Outpatient)	=	PCPV	х	2.5
Required Space (Inpatient Facility)	=	(PCPV X 1.6)	+	(IPD X 5)

Adjusted Existing Space is considered to be the effective or equivalent useable portion of the total existing space (gross square footage). It is derived by subtracting the Age Adjusted Space and the Condition Adjusted Space from the total Existing Space obtained from the PHS Real Property Inventory.

Trajusteu opace)	Adjusted Existing Space	=	Total Existing Space	_	(Age Adjusted Space	+	Condition Adjusted Space)
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Age Adjusted Space

The Age Adjusted Space is determined by multiplying the total existing space by the Age Factor. Under Phase I, the oldest portion of the building, as identified in the PHS Real Property Inventory is used as the facility's age; in Phase II, for each portion of the building, the age is multiplied by the respective percentage of the total square footage, and the results are summed to get a weighted age. For example, if 30% of a building was constructed 50 years ago and 70% was added on and constructed 20 years ago, the weighted average would be calculated by 30% x 50 plus 70% x 20, which is 15 plus 14, or 29. The weighted age therefore would be 29 years. For the preliminary determinations under Phase I, the oldest age of 50 years would have been used.



The Age Factor used in the following formula is obtained from the table below.

Age Adjusted Space = Total Existing Space X (Age Factor)

Age of Facility							
Age	Age Factor	Age	Age Factor				
25 or less	0.0	46-50	.57				
26-30	.5	51-55	.71				
31-35	.15	56-60	.85				
36-40	.29	61 or more	1.0				
41-45	.43						

Condition Adjusted Space

The Condition Adjusted Space is calculated by multiplying the Total Existing Space by the cost per square foot to repair an existing facility divided by the cost per square foot to replace it:

Condition Adjusted = Total Existing X Cost to Repair per SF
Space X Cost to Replace per SF

Cost to Repair

The Cost to Repair per Square Foot is the total cost to repair a facility divided by the total Existing Space (as taken from the PHS Real Property Inventory). The cost to repair is a summation of specified deficiency categories from the current list of identified deficiencies in the Facilities Engineering Deficiencies System (FEDS). In Phase I, costs will be taken straight from the values currently in the FEDS. In Phase II, costs will be adjusted to the same year as the Cost to Replace (below). See the Data and Computation Form on Pages? and? for a list of specific deficiency categories used to determine the cost to repair.

Cost to Replace

The Cost to Replace per Square Foot is the Base Facility value found in the IHS Budget Cost Estimating System Manual. In Phase I, replacement costs will be taken from the most recent version of the IHS Budget Cost Estimating System Manual. In Phase II, the replacement costs will be adjusted to the current year.

Cost to Replace per SF	=	Base Facility Cost	Х	Location Index